

## INDIVIDUAL RECOGNITION

### Application For Consideration

NOTE: Please give complete information, including occupation(s) of individual and the total number of years without a lost time injury.

Name and Occupation of Miner recommended for award:

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Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

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Virginia Mine Index No. \_\_\_\_\_ MSHA I.D. No. \_\_\_\_\_

Individual Categories: (Indicate One)

Individual working 20 Years or longer without a lost time injury

Individual working 10 Years or longer without a lost time injury

An underground mine working five consecutive years without a lost time injury;  
all miners will be recognized with a plaque.

A surface operation working ten consecutive years without a lost time injury;  
all miners will be recognized with a plaque.

*NOTE: Individuals may receive only one safety award within each category.*

Period of time worked by miner. (Give dates and locations worked and account for required time within category applied for.)

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Person Completing Application \_\_\_\_\_

Signature

Title

Date

Application Deadline  
March 31, 2004

Telephone